

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



August 1, 2001

ALL COUNTY LETTER NO. 01-52

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS**REASON FOR THIS TRANSMITTAL**

- ☒ [X] State Law Change
- ☐ [] Federal Law or Regulation Change
- ☐ [] Court Order
- ☐ [] Clarification Requested by One or More Counties
- ☐ [] Initiated by CDSS

SUBJECT: INCREASES TO THE MAXIMUM AID PAYMENT (MAP) AND
MINIMUM BASIC STANDARD OF ADEQUATE CARE (MBSAC)
LEVELS IN THE CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CalWORKs) PROGRAMREFERENCE: WELFARE & INSTITUTIONS CODE SECTIONS 11450, 11452 AND
11453

The purpose of this letter is to inform you of increases to the MAP and MBSAC levels in the CalWORKs program effective October 1, 2001. The increases are due to provisions in law that call for an annual Cost-of-Living Adjustment (COLA). This year's COLA increases the MAP and MBSAC by 5.31 percent.

The new MBSAC amounts will affect only families that apply for CalWORKs on or after October 1, 2001. The increased amounts in the In-Kind Income portion of the tables affect both recipients and new applicants of CalWORKs who state they earn or receive in-kind income for any of the need items listed on this table. The new MAP levels are used in determining the aid payments for October 2001, and subsequent months. The new CalWORKs Payments Standards tables for Region 1 and Region 2 are included in Attachments 1A and 1B, and are provided to assist in implementing the changes.

CalWORKs and Food Stamp Mass Informing Notice

Attachments 2A and 2B provide the mass informing stuffers you should use to notify CalWORKs recipients of the new MAP levels. Attachment 2A is designed for residents of Region 1, and 2B for Region 2 residents. These stuffers provide information about changes in cash aid standards and serve as advance notification to CalWORKs recipients. Both attachments contain language to inform households that food stamps may be reduced due to the increase in cash aid. In addition, the stuffer includes the State's toll free number for public inquiries. Those calling the number will hear a taped message concerning the changes and hearing rights associated with law changes. The taped message will be provided in English and Spanish. The stuffers must be sent to current CalWORKs recipients so they are received no later than October 1, 2001.

CalWORKs Notice of Action (NOA) Language

Attachment 3 provides a NOA for county use. Counties may, but are not legally required to, issue NOAs for increases in grants resulting solely from the law change.

Refugee Cash Assistance (RCA)

RCA recipients are to receive the COLA in the MBSAC and MAP, equivalent to the COLA provided to CalWORKs recipients.

Food Stamp Information

Adjustments in Food Stamp benefits resulting from cash aid changes are considered a mass change as provided in Manual of Policies and Procedures (MPP) 63-504.392. The mass informing stuffers provided in Attachments 2A and 2B contain the necessary information for advising Public Assistance Food Stamp households of benefit changes. An individual Notice of Change (DFA 377.4) is not required if the sole reason for the change in benefits is the MAP increase.

The following describes how to treat the CalWORKs MAP increase supplemental payment received by Food Stamp households:

For monthly reporting households subject to retrospective budgeting, if the County Welfare Department (CWD) sends a supplemental payment for the MAP increase in the month of October for the month of October, but did not have time to prospectively budget the supplemental payment, the CWD must retrospectively budget the October supplement in December 2001 [MPP 63-503.232(c)(5)(A)].

However, if the October supplement is not sent until November, it is considered a non-recurring lump sum payment for Food Stamp Program purposes and is counted as a resource in the month of November [MPP 63-502.2(j)]. This provision applies to retrospectively budgeted households as well as prospectively budgeted households.

Camera-Ready Copies

After you receive the copy of the English and Spanish CalWORKs forms and messages, please allow six to eight weeks for the forms and messages to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Chinese, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Vietnamese or Russian, FAX your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including NOA messages) from the CDSS web page at: www.dss.cahwnet.gov. FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs Forms

Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to fm@dm.ca.gov. For additional copies of NOA messages in English, please contact Terry Mallin at (916) 653-8395 or by e-mail at: terry.mallin@dm.ca.gov.

Translations

Your CalWORKs Forms Coordinator is to distribute translated forms and messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.), and by State regulations in MPP Division 21, Civil Rights Nondiscrimination, Section 115.

NOA Message M44-315 translated into Russian, Chinese and Vietnamese will be provided to counties by LTS under separate cover. For additional translated copies of the NOA messages contact LTS by phone at (916) 654-1282 or by e-mail at LTS@dm.ca.gov.

Contacts

If you have any questions regarding the CalWORKs MAP and MBSAC increases, please contact Bev Skillicorn at (916) 654-1068 or CALNET 464-1068. Questions about RCA should be addressed to Betts Smith at (916) 654-0495 or CALNET 464-0495. For questions regarding treatment of the MAP increase in the Food Stamp budget, you may contact Rosemary Akhidenor at (916) 654-2116 or CALNET 464-2116.

Sincerely,
Original signed by
Bruce Wagstaff on
08/01/01
BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

c: CWDA
CSAC

CalWORKs PAYMENT STANDARDS
Effective October 1, 2001
Region 1

ATTACHMENT 1A

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non-Exempt	MBSAC	Housing	Utilities	Food	Clothing	80% of MAP Exempt Assistance Units	80% of MAP Non-Exempt Assistance Units
1	373	336	423	191	40	105	33	298	269
2	613	548	693	255	45	225	62	490	438
3	758	679	859	279	48	287	93	606	543
4	901	809	1,022	293	51	356	124	721	647
5	1,027	920	1,165	293	51	430	156	822	736
6	1,153	1,033	1,310	293	51	497	186	922	826
7	1,267	1,136	1,439	293	51	554	220	1,014	909
8	1,382	1,237	1,567	293	51	607	245	1,106	990
9	1,492	1,336	1,699	293	51	667	281	1,194	1,069
10	1,603	1,435	1,844	293	51	720	309	1,282	1,148
More than 10	1,603	1,435	Add \$14 for each extra person					1,282	1,148

CalWORKs PAYMENT STANDARDS
Effective October 1, 2001
Region 2

ATTACHMENT 1B

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non-Exempt	MBSAC	Housing	Utilities	Food	Clothing	80% of MAP Exempt Assistance Units	80% of MAP Non-Exempt Assistance Units
1	355	319	402	182	40	105	33	284	255
2	584	521	659	242	45	225	62	467	417
3	723	647	817	265	48	287	93	578	518
4	859	770	972	279	51	356	124	687	616
5	980	876	1,108	279	51	430	156	784	701
6	1,100	984	1,245	279	51	497	186	880	787
7	1,209	1,079	1,367	279	51	554	220	967	863
8	1,316	1,177	1,490	279	51	607	245	1,053	942
9	1,424	1,272	1,615	279	51	667	281	1,139	1,018
10	1,528	1,366	1,754	279	51	720	309	1,222	1,093
More than 10	1,528	1,366	Add \$14 for each extra person					1,222	1,093

**ATTACHMENT 2A – Mass Informing Stuffer, Region 1
English and Spanish**

**ATTACHMENT 2B – Mass Informing Stuffer, Region 2
English and Spanish**

State Law Changes Maximum Aid Payments (MAPs) for Cash Aid Recipients



As of October 1, 2001, most families will get an increase in their cash aid. The MAP will be increased by 5.31%. Please keep in mind, if you move to another county, the MAP may be different.

If you need information about the MAP change, please call:

- Toll-free 1-800-248-8068
- TDD for the hearing impaired
1-800-952-8349

Food Stamp Changes:

Most families get less food stamps when they get more cash aid. You will get a separate Notice of Action if your food stamps change for other reasons.

If you think there is a mistake in your cash aid or food stamps, you may want to file for a state hearing. Your food stamps may stay the same until the hearing or the end of your certification period, whichever is earlier. If the MAP increase is the only reason you got less food stamps, your food stamps will not stay the same until the hearing. If the hearing decision says we are right, you will owe us for any extra food stamps you got.

You can ask about your hearing rights or ask for a state hearing at the state information number:

Call toll-free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

New MAP Tables for Region 1

These new MAP tables show how your cash aid may change.

This table shows the MAP for families that get a lower MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$ 319	\$ 336	\$ 17
2	520	548	28
3	645	679	34
4	768	809	41
5	874	920	46
6	981	1033	52
7	1079	1136	57
8	1175	1237	62
9	1269	1336	67
10 or more	1363	1435	72

This table shows the MAP for families that get a higher MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$ 354	\$ 373	\$ 19
2	582	613	31
3	720	758	38
4	856	901	45
5	975	1027	52
6	1095	1153	58
7	1203	1267	64
8	1312	1382	70
9	1417	1492	75
10 or more	1522	1603	81

La ley estatal cambia los pagos máximos de asistencia (MAP) para las personas que reciben asistencia monetaria



A partir del 1º de octubre del 2000, la mayoría de las familias recibirá un aumento en su asistencia monetaria. El MAP aumentará un 2.96%. Por favor, recuerde que si se cambia a otro condado, es posible que el MAP sea diferente.

Si necesita información acerca del cambio en el MAP, por favor llame al:

- Teléfono gratuito: 1-800-248-8068
- Teléfono gratuito para los que usan TDD (aparato de telecomunicaciones para las personas sordas): 1-800-952-8349

Cambios en las estampillas para comida:

La mayoría de las familias reciben menos estampillas para comida cuando reciben más asistencia monetaria. Recibirá una notificación de acción por separado si hay un cambio en sus estampillas para comida debido a otros motivos.

Si piensa que hay un error en su asistencia monetaria o estampillas para comida, es posible que quiera solicitar una audiencia con el Estado. Sus estampillas para comida pueden continuar igual hasta que se lleve a cabo la audiencia o hasta el final de su período de certificación, lo que ocurra primero. Si el aumento en el MAP es la única razón que usted recibió menos estampillas para comida, sus estampillas para comida no se mantendrán igual hasta la audiencia. Si la decisión que se emita en la audiencia indica que nosotros tenemos la razón, usted deberá pagar las estampillas para comida que recibió extra.

Usted puede pedir información sobre sus derechos a una audiencia o puede solicitar una audiencia con el Estado a los siguientes números de información:

Teléfono gratuito: 1-800-952-5253

Si usted es una persona sorda y usa TDD, llame al: 1-800-952-8349

Tablas de los nuevos MAP para la Región 1

Estas tablas de los nuevos MAP indican cómo es posible que cambie su asistencia monetaria.

Esta tabla indica el MAP para familias que reciben un MAP más bajo:

Personas que reciben asistencia	MAP antiguo	MAP nuevo	Aumento en el MAP
1	\$ 310	\$ 319	\$ 9
2	505	520	15
3	626	645	19
4	746	768	22
5	849	874	25
6	953	981	28
7	1048	1079	31
8	1141	1175	34
9	1233	1269	36
10 o más	1324	1363	39

Esta tabla indica el MAP para familias que reciben un MAP más alto:

Personas que reciben asistencia	MAP antiguo	MAP nuevo	Aumento en el MAP
1	\$ 344	\$ 354	\$ 10
2	565	582	17
3	699	720	21
4	831	856	25
5	947	975	28
6	1064	1095	31
7	1168	1203	35
8	1274	1312	38
9	1376	1417	41
10 o más	1478	1522	44

State Law Changes Maximum Aid Payments (MAPs) for Cash Aid Recipients



As of October 1, 2001, most families will get an increase in their cash aid. The MAP will be increased by 5.31%. Please keep in mind, if you move to another county, the MAP may be different.

If you need information about the MAP change, please call:

- Toll-free 1-800-248-8068
- TDD for the hearing impaired
1-800-952-8349

Food Stamp Changes:

Most families get less food stamps when they get more cash aid. You will get a separate Notice of Action if your food stamps change for other reasons.

If you think there is a mistake in your cash aid or food stamps, you may want to file for a state hearing. Your food stamps may stay the same until the hearing or the end of your certification period, whichever is earlier. If the MAP increase is the only reason you got less food stamps, your food stamps will not stay the same until the hearing. If the hearing decision says we are right, you will owe us for any extra food stamps you got.

You can ask about your hearing rights or ask for a state hearing at the state information number:

Call toll-free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

New MAP Tables for Region 2

These new MAP tables show how your cash aid may change.

This table shows the MAP for families that get a lower MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$ 303	\$ 319	\$ 16
2	495	521	26
3	614	647	33
4	731	770	39
5	832	876	44
6	934	984	50
7	1025	1079	54
8	1118	1177	59
9	1208	1272	64
10 or more	1297	1366	69

This table shows the MAP for families that get a higher MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$ 337	\$ 355	\$ 18
2	555	584	29
3	687	723	36
4	816	859	43
5	931	980	49
6	1045	1100	55
7	1148	1209	61
8	1250	1316	66
9	1352	1424	72
10 or more	1451	1528	77

La ley estatal cambia los pagos máximos de asistencia (MAP) para las personas que reciben asistencia monetaria



A partir del 1º de octubre del 2000, la mayoría de las familias recibirá un aumento en su asistencia monetaria. El MAP aumentará un 2.96%. Por favor, recuerde que si se cambia a otro condado, es posible que el MAP sea diferente.

Si necesita información acerca del cambio en el MAP, por favor llame al:

- Teléfono gratuito: 1-800-248-8068
- Teléfono gratuito para los que usan TDD (aparato de telecomunicaciones para las personas sordas): 1-800-952-8349

Cambios en las estampillas para comida:

La mayoría de las familias reciben menos estampillas para comida cuando reciben más asistencia monetaria. Recibirá una notificación de acción por separado si hay un cambio en sus estampillas para comida debido a otros motivos.

Si piensa que hay un error en su asistencia monetaria o estampillas para comida, es posible que quiera solicitar una audiencia con el Estado. Sus estampillas para comida pueden continuar igual hasta que se lleve a cabo la audiencia o hasta el final de su período de certificación, lo que ocurra primero. Si el aumento en el MAP es la única razón que usted recibió menos estampillas para comida, sus estampillas para comida no se mantendrán igual hasta la audiencia. Si la decisión que se emita en la audiencia indica que nosotros tenemos la razón, usted deberá pagar las estampillas para comida que recibió extra.

Usted puede pedir información sobre sus derechos a una audiencia o puede solicitar una audiencia con el Estado a los siguientes números de información:

Teléfono gratuito: 1-800-952-5253

Si usted es una persona sorda y usa TDD, llame al: 1-800-952-8349

Tablas de los nuevos MAP para la Región 2

Estas tablas de los nuevos MAP indican cómo es posible que cambie su asistencia monetaria.

Esta tabla indica el MAP para familias que reciben un MAP más bajo:

Personas que reciben asistencia	MAP antiguo	MAP nuevo	Aumento en el MAP
1	\$ 294	\$ 303	\$ 9
2	481	495	14
3	596	614	18
4	710	731	21
5	808	832	24
6	907	934	27
7	996	1025	29
8	1086	1118	32
9	1173	1208	35
10 o más	1260	1297	37

Esta tabla indica el MAP para familias que reciben un MAP más alto:

Personas que reciben asistencia	MAP antiguo	MAP nuevo	Aumento en el MAP
1	\$ 327	\$ 337	\$ 10
2	539	555	16
3	667	687	20
4	793	816	23
5	904	931	27
6	1015	1045	30
7	1115	1148	33
8	1214	1250	36
9	1313	1352	39
10 o más	1409	1451	42

ATTACHMENT 3 – NOTICE OF ACTION (NOA) MESSAGE

The following NOA message is attached:

M44-315 (10/01) – Law Change – Increase in MAP (5.31% increase)

The M44-315 message was developed to implement the 5.31% MAP Increase.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of October 1, 2001, the county is changing your monthly cash aid from \$_____ to \$_____.

Here is why:

As of October 1, State Law makes the Maximum Aid Payment standard go up by 5.31 percent.

Your new cash aid amount is figured on this page.

Monthly Cash Aid Amount

Section A.	Countable Income, Month of	
Total Business Income	\$ _____
Business Expenses:		
a. 40% Standard	- _____
OR		
b. Actual	- _____
Net Earnings from Self-Employment	= _____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	\$ _____
\$225 Disregard	- _____
Nonexempt Unearned Disability-Based Income	= _____
OR		
Unused Amount of \$225 Disregard	= _____
Total Earned Income	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal	= _____
Unused Amount of \$225 Disregard (from above)	- _____
Subtotal	= _____
Earned Income Disregard 50%	- _____
Subtotal	= _____
Nonexempt Unearned Disability-Based Income (from above).	+ _____
Other Nonexempt Income of (Assistance Unit + Non- Assistance Unit Members)	+ _____
Net Countable Income	= _____

Section B.	Your Cash Aid, Month of	
1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	..	\$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	+ _____
3. Net Countable Income from Section A	- _____
4. Subtotal	= <input type="text"/>
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG or penalized Persons)	\$ _____
6. Special Needs (Assistance Unit only)	+ _____
7. Maximum Aid Subtotal	= <input type="text"/>
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	= _____
9. Line 8 Prorated for Part of Month	= _____
10. Adjustments:		
25% Child Support Penalty(ies)	- _____
Overpayment	- _____
Cal-Learn Penalty(ies)	- _____
Cal-Learn Bonus	+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	= _____

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-315.

YOUR HEARING RIGHTS

You have only **90 days** to ask for a hearing if you disagree with any county action. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before the action takes place:

- Your Cash Aid and Medi-Cal will stay the same while you wait for a hearing.
- Your Food Stamps will stay the same, until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps

While You Wait for a Hearing Decision for:

- **Welfare to Work Exempt/Non-Exempt Status or Welfare to Work Activities:**
 - You do not have to participate (take part) in the activities.
 - You can keep going to an unapproved self-initiated program but we will not give you supportive services or other welfare-to-work services.
- **Welfare to Work Supportive Services:** To get supportive services payments, including child care and transportation, you must go to the activity the county told you to attend.
 - If we told you your payments will stop, you will not get any more payments, even if you go to your activity.
 - We will pay supportive services in the amount and the method of payment we told you in the notice.
 - If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to your activity.
- **Cal-Learn:**
 - You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
 - We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may change your ability to participate in a managed care health plan. You may wish to contact the membership services section in your managed care health plan if you have questions.

Child and/or Medical Support: The District Attorney's office will help you collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department, the U.S. Departments of Health and Human Services and of Agriculture. **(W&I Code Sections 10850 and 10950.)**

To Ask for a Hearing:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253 or** for hearing or speech impaired who use TDD, **1-800-952-8349).**

To Get Help: You can ask about your hearing rights or a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid office or welfare rights group.

If you do not want to go to the hearing alone, you can bring a friend or someone else.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

- ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Cal-Learn
- ☐ Welfare to Work (Status, Activities, and/or Supportive Services)
- ☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with a free interpreter.
(A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

SOCIAL SECURITY NUMBER

DATE OF BIRTH

CASE NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE